

Hill College
Department of Nursing
Postpartum Assessment Database

Neuro	MS	
Alert and oriented	Moves all extremities	
Behavior appropriate	other	
other	other	
other	Wound	
Skin	Abdominal incision; dressing	
Color	Clean/Dry/intact	
Warm and Dry	Redness	
Cool	Staples/Sutures/Strips	
other	other	
Cardiac	Treatment	
AP regular	Breast pump	
Pedal Pulses	Breast binder	
Homan's sign + / -	Breast shield	
Edema	Cold Pack (Breast/Perineal)	
other	K-pad Peri Light/Sitz	
Resp.	Postpartum	
Clear breath sounds	Breast	Soft/Non-tender
Even and unlabored		Filling/Tender
Cough		Engorged
other		Bra
Elimination	Nipples	Intact
Voiding (clear yellow)		Cracked
Bladder (palpable, nonpalpable)		Inverted
Foley cath.	Fundus	Placement
Stool		Firmness
EMESIS		Height
other	Perineum	Intact
Abdomen		Clean/Dry
Soft and nondistended		Edema
Active bowel sounds		Bruising
Distended		Other
Hypoactive bowel sounds	Hemorrhoids	Visible
Flatus		Painful
		Other

Abbreviations
N/A = Non-Applicable
= Positive
= Normal

Uterus
Placement ML = Midline
R = Right
L = Left

Firmness F = Firm
B = Boggy
FM = Firm c massage

Height U = Umbilicus
+ a - u = Above or Below

Lochia
Color R = Rubia
S = Serosa
A = Alba

Amount A = Large
Md = Moderate
Sm = Small
Sc = Scant
C = Clots

Stool
S = Soft
H = Hard
D = Diarrhea
E = Enema
Sp = Suppository